

DHS NEAT Building Weatherization Report

Agency: _____	Cont. #: _____	LIHEAP # _____	Job #: _____
App. Date: _____	Start Date: _____	Compl. Date: _____	
Applicant Name: _____		Income: _____	
Address: _____		City: _____	County: _____
Phone: _____	Own: _____	Rent: _____	PPTs: _____
# Elderly: _____	# Hndcp: _____	# Nt. Am.: _____	# Children: _____
		# In Household: _____	

BUILDING INFORMATION

Floor Area sq. ft: _____	Insulated Area sq ft: _____
Class: _____	(1) Single Family (2) Duplex or 4/plex (3) 5+ Unit (4) Shelter
Structure Type: _____	(1) Mobile Home (2) One Story (3) Two-Story (4) Three Story (5) Other _____
Construction: _____	(1) Wood/Stucco (2) Masonary Veneer (3) 8" Block Adobe (4) Other _____
Fuel: _____	(1) Oil (2) Electricity (3) Natural Gas (4) Coal (5) LP Gas (6) Wood (7) Other _____
Heating By: _____	(1) Space Heaters (2) Wall or Floor Furnace (3) Central Unit (4) Other _____
Cooling By: _____	(1) Fans (2) Evaporative Cooler (3) Central Unit (4) Refrig. Window Unit (5) Other _____
Reweatherized: _____	(1) No (2) Previously weatherized before January 1, 2010
Other Assistance: \$ _____	Source: _____ (1) FmHa (2) CDBG (3) Home (4) Other _____

MATERIALS SUMMARY

Item	Actual Amount	Item
1. Air Leakage	\$ _____	11. Storm Windows # _____
2. Attic Insulation		12. Low-E Windows # _____
a. Added R>19: Yes ____ No ____		13. Doors # _____
b. Capped, In. Added: _____		14. Refrigerator Replacement
c. Depth Markers /Flags	\$ _____	15. LED Replacement
d. Loose Fill # _____	\$ _____	16. Low Flow Showerhead
e. Roll-Fiberglass # _____	\$ _____	17. Other: _____
f. Vents # _____	\$ _____	18. Other: _____
g. Attic Hatch: _____	\$ _____	19. H&S ASHRAE Ventilation
Attic Insulation Total \$ _____		20. H&S Smoke/CO Detectors
3. Wall Insulation	\$ _____	21. H&S A/C Replacement
4. Floor Insulation	\$ _____	22. H&S Water Heater Replace
(Only enter a cost on lines 5, 6, 8, & 9 if SIR is > 1.0, otherwise put cost under H&S)		23. H&S Wx Waste Disposal
5. Duct Sealing	Mat Only \$ _____	24. H&S Cook Stove
6. Heating Replacement	Mat Only \$ _____	25. H&S Other: _____
7. HVAC Filters	\$ _____	(MAT. ONLY, NO Labor, Add 1-18) Total \$ _____
8. A/C Replacement	Mat Only \$ _____	(H&S ONLY, NO Labor, Add 19-25) Total \$ _____
9. Water Heater Unit	Mat Only \$ _____	Total Contracted Labor \$ _____
10. Water Heater Wrap & Pipe Insulation	\$ _____	Total Unit Expenditures \$ _____
<i>I hereby certify a final inspection has been performed. The applicable work has been completed in a workmanlike manner and in accordance with the determined priority. All materials purchased meet 10 CFR 440 Appendix A, Standards for Conformance.</i>		Evaluation Information:
		Estimated BTU Savings \$ _____
		MMBtu _____
		Average Program Support \$ _____
CAA Inspector _____ Date _____		Weather City: _____
ODOC QA Inspector _____ Date _____		Comments: _____